

Atty. Dkt. No. 039153-0298 (F0785)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Calvin T. Gabriel et al.

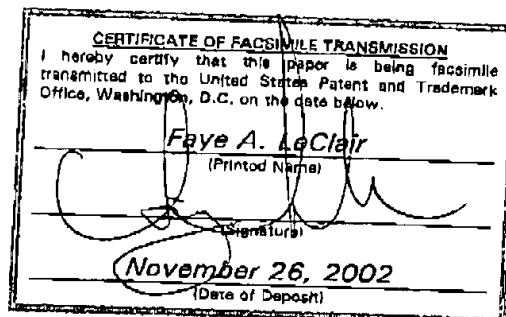
Title: SELECTIVE PHOTORESIST  
HARDENING TO FACILITATE  
LATERAL TRIMMING

Appl. No.: 09/819,343

Filing Date: 03/28/2001

Examiner: Sagar, K.

Art Unit: 1756

**AMENDMENT TRANSMITTAL**Commissioner for Patents  
Box NON-FEE AMENDMENT  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	24	24	0	\$18.00	\$0.00
Independents:	3	3	0	\$84.00	\$0.00
First presentation of any Multiple Dependent Claims:				\$280.00	\$0.00
CLAIMS FEE TOTAL:					\$0.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

**RECEIVED**  
NOV 27 2002  
GROUP 1700

Atty. Dkt. No. 039153-0298 (FO785)

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$0.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):		\$0.00
	TOTAL FEE:		\$0.00

- ☐ Please charge Deposit Account No. 06-1447 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$0.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 11-26-02

FOLEY & LARDNER  
777 East Wisconsin Avenue  
Milwaukee, Wisconsin 53202-5367  
Telephone: (414) 297-5768  
Facsimile: (414) 297-4900

By

Joseph N. Ziebert  
Joseph N. Ziebert  
Attorney for Applicant  
Registration No. 35,421